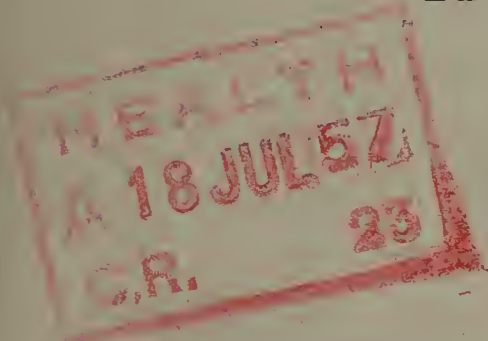


Miss KNOWLES photo

NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

**PRINCIPAL
SCHOOL MEDICAL OFFICER**

FOR THE YEAR

1956

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SCHOOL HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

March, 1957.

TO THE MEMBERS OF THE
NORTHAMPTONSHIRE EDUCATION COMMITTEE.

I have pleasure in presenting the forty-ninth Annual Report to the Education Committee.

The work of the school health service has been carried out on similar lines to those of previous years. That the school health service was one of the most valuable preventive services undertaken by Local Authorities was the opinion expressed in his last report by Dr. Kenneth Fraser, who was for many years the County Medical Officer of Health for Cumberland. This statement of Dr. Fraser's has received a fair amount of publicity and there is no doubt that the school health service is one which, because it has continued on the same lines as formerly and because there is nothing new or dramatic about it, is apt not to be accorded its true value in the field of preventive medicine. As has been stated in previous Reports, the essential features of the service are that children are seen at routine school medical inspections at three periods during their school life, an opportunity is afforded for the parents, teacher and doctor to discuss together the child's progress—mental, physical and psychological—and to deal at an early age with any minor departures from normal health.

Although facts and figures cannot be produced, there is no doubt that the general condition of the children in the County schools continues to improve: from year to year they are found to be cleaner, better clad and better nourished.

The B.C.G. vaccination of thirteen year old pupils continued on the same lines as last year. Thanks to the support of the head teachers, 91% of parents gave consent and the number vaccinated was 2,026.

The results of an important and extensive survey carried out by

the Medical Research Council among 30,000 school children in five areas of the country showed that the incidence of tuberculosis among children who had been vaccinated was five times less than in the unvaccinated. This is the first statistical enquiry of its kind ever to be conducted into the value of B.C.G. vaccine, and with the further confirmatory evidence now available few parents should hesitate to agree to their children being vaccinated. The work proceeded smoothly, no untoward reactions were reported and I am grateful to the School Medical Officers for their enthusiasm and their skill in the technical procedures.

In February the Health Committee, after consulting the Education Committee, agreed to accept the offer of the Ministry of Health of a supply of poliomyelitis vaccine. Letters to parents of school children were issued by head teachers, and nearly 10,000 children were registered for vaccination. Over 1,000 children were vaccinated, mostly at clinics and at child welfare centres but two vaccination sessions were held in schools. No adverse effects were encountered.

Taking both B.C.G. and poliomyelitis vaccination into consideration together, it will be realized that to an increasing degree schools are being used for preventive treatment, and care has been taken that the day to day work of the schools is disturbed as little as possible. As a consequence of the vaccination programmes the medical officers had less time to spend on routine school medical inspections and fewer children were examined.

The school dental service remains as unsatisfactory as ever because of the inability to recruit adequate staff. On an average every child admitted to school already has five teeth decayed, missing or filled. From the report of the Chief Dental Officer it will be seen that for every 67 teeth that are filled, no less than 100 are extracted. The Committee has been able to obtain the part-time assistance of a dental surgeon but, as stated by the Chief Dental Officer, the main hope of the school dental service must obviously lie in adopting preventive measures.

In conclusion, I have pleasure in thanking the Chairman and members of the Medical Inspection and Treatment Committee for their interest and support, the head teachers and their staffs for their co-operation, the Chief Education Officer and the County

Architect for their assistance, and finally my own colleagues in the department for the work they have done.

I have the honour to be,

Your obedient servant,

CHARLES MILLIKEN SMITH,
Principal School Medical Officer.

STAFF

Principal School Medical Officer—

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

Deputy Principal School Medical Officer—

M. J. Pleydell, M.C., M.D., D.P.H.

School Medical Officers—

P. X. Bermingham, M.B., Ch.B., B.A.O., D.P.H.

A. Lucas, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G., D.P.H.

H. A. H. Summers, M.B., B.Ch., B.A.O., D.P.H.

A. N. Pickles, M.B., Ch.B., D.P.H.

J. Carroll, M.B., Ch.B., B.A.O., D.C.H., D.P.H.

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Nora V. Crowley, M.B., Ch.B., B.A.O., D.C.H. (to 15th February).

Jean F. Croll, M.B., Ch.B.

Marjorie Smail, M.R.C.S., L.R.C.P., D.C.H., D.P.H. (from 27th August).

Principal School Dental Officer—

D. H. Goose, B.Sc., B.D.S.

School Dental Officers—

C. M. Perry, L.D.S.

R. J. H. Corfe, L.D.S.

J. P. Finnan, L.D.S. (Sessional basis—5 weekly—from August).

R. D. R. Hopkinson, L.D.S.

Mrs. F. M. Jones, L.D.S. (part time).

Consultant Ophthalmologists—

S. H. G. Humfrey, M.R.C.S., L.R.C.P., D.O.M.S.

R. C. Jack, M.B., F.R.C.S., D.O.M.S.

Ophthalmologist—

Mrs. N. M. Oughton, M.B., Ch.B., D.O.

Psychiatrists—

J. Orme, M.R.C.S., L.R.C.P., D.P.M. (temporary to 27th September).
P. H. Rogers, M.B., B.Ch., M.R.C.P., D.P.M. (from 1st January).
N. V. Wilkinson, M.B., B.S., D.P.M. (from 4th October).

Educational Psychologist—

Miss D. V. Scott, M.A.

Psychiatric Social Worker—

Miss E. E. Bitchenor, B.A. (to 30th September).

Speech Therapists—

Miss E. Mathias, L.C.S.T.
Mrs. G. Wilson, L.C.S.T. (from 3rd April to 31st July).
Miss M. Gossling, L.C.S.T. (from 22nd October).

School Nurses—

Assistant Superintendent Nursing Officer and Health Visitors,
equivalent of 13 full-time nurses.

Dental Attendants—

Seven whole-time attendants are employed.

No. of schools in the Authority's area at 31st December, 1956 :

| | |
|---------------------------|-----|
| Primary | 248 |
| Secondary Technical | 4 |
| Secondary Grammar | 9 |
| Secondary Modern | 25 |
| Nursery schools | 2 |
| Special schools | 4 |
| <hr/> | |
| Total | 292 |
| <hr/> | |

Average number of pupils on the registers during the year : **42,445.**

SCHOOL MEDICAL INSPECTIONS

Because of the time spent on B.C.G. and poliomyelitis vaccinations, fewer sessions could be devoted by the school doctors to medical inspections during the year. This is, of course, reflected in the number of examinations carried out: 9,407 children were examined in the routine age groups as compared with 10,747 last year; re-examinations and specials totalled 3,838 as compared with 5,596. However, 1,075 additional periodic examinations were recorded as against 477 last year.

One indication of the value of these examinations is shown by the number of individual children found to require treatment; of the 3,340 entrants 10.6%, of the 2,831 ten-year-olds 9.6%, of the 2,161 leavers 7.6% and of the 1,075 other periodic examinations 7.8%. As will be seen from Tables II and III at the end of this report, the greatest number of defects requiring treatment were of eyes (errors of refraction), followed by orthopædic (flat feet, poor posture, etc.), and abnormal conditions of the throat (chiefly enlarged tonsils and adenoids).

CO-OPERATION WITH FAMILY DOCTORS AND SPECIALISTS

The close liaison between the School Health Department, the family doctors and the hospital consultants has continued. The advice of specialists regarding the need for special educational treatment for certain categories of handicapped pupils is much appreciated. This is particularly so as regards children suffering from cerebral palsy and deafness. Concerning the former, Dr. T. K. Davidson of the Department of Physical Medicine at the Northampton General Hospital has been very helpful in admitting such children to the Spastic Unit of the John Greenwood Shipman Convalescent Home at Dallington. The advice of the consultant aurists, Mr. W. C. Gledhill, F.R.C.S., and Mr. A. S. Davidson, F.R.C.S., is invaluable in relation to special educational treatment for deaf and partially deaf children.

EDUCATIONALLY SUB-NORMAL AND INEDUCABLE CHILDREN

One hundred and sixty-six children were examined following reports—principally from school medical officers and head teachers—of backwardness in school. Prior to these examinations, special reports on the children's attainments in school are obtained from

the head teachers and the information which is received from this source is very valuable to the examining medical officers. The recommendations made by the medical officers were :

| | |
|---|----|
| Recommended for admission to a day or boarding special school | 61 |
| Recommended for report to the Local Health Authority as incapable of benefiting by education at school (Education Act, 1944, Section 57(3)) | 9 |
| Recommended for report to the Local Health Authority as incapable of receiving education at school on the ground that it is inexpedient that he/she should be educated in association with other children (Education Act, 1944, Section 57(4)) | 1 |
| Recommended for report to the Local Health Authority for supervision after leaving school (Education Act, 1944, Section 57(5)) | 14 |
| Recommended special help in an ordinary class | 17 |
| For re-examination at a later date | 9 |

The number found not to be educationally sub-normal was 55.

The official return to the Ministry of Education shows that on 31st December the numbers of educationally sub-normal children awaiting admission today and boarding special schools were 67 and 112 respectively. Of the total 179, 21 were eight years of age or under (children are not normally admitted to the Authority's special schools until they are nine), and 64 were 13 years or more and were therefore, except in special circumstances, too old for consideration for admission to special schools, especially in view of the waiting list amongst the younger children.

OTHER HANDICAPPED PUPILS

Blind. The Authority has eight pupils in residential schools for the blind.

Partially Sighted. Two new cases were reported and four pupils were admitted to special schools. Ten partially sighted pupils are now in special schools.

Deaf. Three totally deaf pupils were ascertained to be in need of special school education, and two were placed in special schools.

At the end of the year 13 pupils were receiving education in boarding schools for the deaf.

Partially Deaf. One child was ascertained as partially deaf, and two are receiving education in special schools.

Delicate. Nine new cases were reported and eight admissions to special schools were arranged. At the end of the year 25 pupils were in attendance at special schools. Most of these pupils attend the Physically Defective Department of the Kingsley Special School, Kettering.

Physically Handicapped. Eight new cases were reported, and 11 were admitted to special schools. At the end of the year 42 physically handicapped pupils were receiving special educational treatment.

Maladjusted. Fourteen pupils were placed in hostels or boarding special schools and thirteen new cases were ascertained. On 31st December 17 children were attending hostels and six were attending special boarding schools outside the County.

Epileptic. Four epileptic children are being educated at boarding special schools.

SPECIAL EDUCATIONAL TREATMENT FOR PHYSICALLY HANDICAPPED CHILDREN

The Ministry of Education issued a circular on special educational treatment of physically handicapped children in March and a memorandum summarizing the chief points, as far as they had any local application, was submitted to the Medical Inspection and Treatment Committee. Arising from the circular, the part of the service which called for practical consideration was the provision of physiotherapy at the Kingsley Day Special School which is the only school that admits physically handicapped children. The Minister drew particular attention to the importance of ensuring that regular and sufficient physiotherapy and speech therapy are available for those who need it. Speech therapy is provided by one of the Committee's two therapists. As regards physiotherapy, however, pupils attending Kingsley School who require this treatment attend

the Out-Patients Department at St. Mary's Hospital, Kettering, and four children were, in fact, then attending. A number of pupils in this school, however, suffer from asthma, bronchiectasis, poor posture and the late results of poliomyelitis, and, towards the end of the year, the school was inspected with the object of obtaining first-hand information of the problem so that in due course a recommendation could be made to the Committee.

DEFECTIVE VISION

The Oxford Regional Hospital Board allocated to us 265 sessions as against 233 in 1955. Sixteen were cancelled on account of illness of specialist staff, bad weather, etc. There was again an increase in the number of children examined, namely 3,136 as compared with 2,812 last year. Altogether 3,438 appointments were sent out and of these 367 were not kept. The reasons for the appointments not being kept were : in 61 cases the parents made other arrangements, e.g., for their child to be seen by an ophthalmic surgeon at a hospital or in his consulting rooms or by an optician, in seven instances the children were in hospital when the appointment was issued and in 106 cases the pupils had moved out of the county, while in 193, more than half the number of failed appointments, the health visitors, as the result of follow-up visits, were able to secure that a second appointment was kept.

The table on page 36 shows the number of clinics held at the various centres and the number of children awaiting appointments at the end of the year.

The orthoptist to the Kettering Hospital Management Committee attends the school eye clinics at Corby and Rushden and at her orthoptic clinics at the Kettering General Hospital a total of 3,605 attendances were made by school children from the Corby, Kettering and Rushden areas.

INFECTIOUS DISEASES

In June the Ministries of Education and Health issued a Memorandum on school closure and exclusion from school on account of infectious illness.

The Education Committee approved of the recommendations contained in the Memorandum and these have been issued to all head teachers and persons in charge of school canteens.

The following special reports of outbreaks of infectious disease were submitted by head teachers during the year. (The figures in brackets refer to the previous year.)

Whooping

| | | | | |
|--------------|--------------------|------------------|--------------|----------------|
| <i>Cough</i> | <i>Chicken Pox</i> | <i>Influenza</i> | <i>Mumps</i> | <i>Measles</i> |
| 5 | 18 | 2 | 11 | 12 |
| (13) | (15) | (12) | (13) | (41) |

| | | | | |
|----------------|------------------|-----------------|-----------------------|----------------------|
| <i>Scabies</i> | <i>Dysentery</i> | <i>Impetigo</i> | <i>German Measles</i> | <i>Scarlet Fever</i> |
| 1 | 4 | 2 | 12 | 31 |
| (—) | (7) | (2) | (3) | (8) |

Ringworm

2
(—)

Tuberculosis. Sixteen cases of pulmonary tuberculosis and six cases of non-pulmonary disease (glands—two ; hip—two ; meninges—one ; kidney—one) were notified. The following epidemiological enquiry was made :

As a result of a teacher in a primary school being diagnosed as suffering from pulmonary tuberculosis it was considered advisable as a precautionary measure that all the pupils should be Mantoux tested to make sure they were free from the infection. Of 56 children tested, seven were found to be positive and these children were X-rayed. The result was normal in each case.

B.C.G. Vaccination. Consent for Mantoux testing and vaccination was returned for 2,924 children, which represents an acceptance rate of 91%. 593 children tested were Mantoux positive, a rate of 22.2%. The number vaccinated was 2,026 and the number of sessions devoted by medical officers was 180.

I visited 21 schools to give a talk on B.C.G. vaccination to school leavers. Our revised copy of the pamphlet “ B.C.G. Vaccination ” was issued in September and copies distributed to all schools where vaccination was offered. The pamphlet is presented in the “ question and answer ” form.

Vaccination against Poliomyelitis. Over 1,000 children were vaccinated. To avoid disturbance of the day to day work of the

schools, plans were drawn up for vaccination sessions to be held mostly at clinics, at child welfare centres and at halls specially rented for the purpose. Only in one school were children vaccinated by a special arrangement between the head teacher and the health visitor concerned.

It will be realized to an increasing degree that the time of the medical staff is being employed on these preventive measures. Indeed, in 1956 180 sessions were devoted to B.C.G. and 36 sessions to vaccination against poliomyelitis.

The inevitable consequence was that the Medical Officers had less time to spend on routine school medical inspections and fewer children were examined. With the increase of the population of the County it is clear that if B.C.G. and poliomyelitis vaccinations are to be continued an increase in the medical staff will be necessary.

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 116 candidates for admission to teachers' training colleges and 23 entrants to the teaching profession. An X-ray examination of the chest was always included. None was found unfit to teach.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Seventy-seven school children who were in part-time employment were examined by the school medical officers. In one case only was it considered that such employment would be prejudicial to health and the Chief Education Officer was advised accordingly.

SCHOOL PREMISES

The School Sites and Buildings Committee asked that arrangements be made for reports to be prepared on the offices at the older schools so that provision for modernizing some of them each year could be made in the annual estimates.

The County Public Health Inspector has commenced this survey of offices and the results are being grouped into three categories :

- (a) those which are reasonably satisfactory,
- (b) those which ought to be dealt with as a matter of urgency,
- and

- (c) those which should eventually be modernized but are not quite so urgent as list (b).

The routine practice of the school medical officers inspecting school premises on the occasions of their visits to schools for medical inspection purposes has been discontinued.

The County Architect has informed me that the following works have been carried out :

| | |
|--------------|--|
| BRAFIELD. | Conversion of trough closets to pedestal W.Cs. and installation of additional lavatory basins. |
| COLD HIGHAM. | Conversion from E.Cs. to W.Cs. and installation of additional lavatory basins. |
| COLLINGTREE. | Erection of new office block. |
| COTTINGHAM. | Conversion from E.Cs. to W.Cs. |
| GAYTON. | Construction of three additional W.Cs. |
| HARPOLE. | Conversion from E.Cs. to W.Cs. |
| HARTWELL. | Conversion from E.Cs. to W.Cs. |
| MAIDFORD. | Conversion from E.Cs. to W.Cs. |

EAR, NOSE AND THROAT CLINICS

The arrangement already in force, whereby children are referred to the ear, nose and throat specialists after consultation with the family doctors was continued satisfactorily.

Eleven children attended the clinic for young deaf children in Leicester and 59 appointments were consequently made for this clinic.

The Minister of Education is conducting an enquiry into the need for tonsillectomy among children and the Authority has been asked to co-operate. The school doctors, during their examinations of children at periodic medical inspections, have made a note on the school medical record card of children who have undergone tonsillectomy any time previously. Between one-quarter and one-third of the school population is medically examined each year in the periodic age groups and thus within three or four years all children will have been seen, and final figures of the number and percentage who have had this operation will be available. The Ministry hope by that time to have sufficient information to enable an appropriate selection of areas to be made for an intensive study of the problem.

The following table shows the findings in this County during the year :

| Group | Total No. of Children examined | Tonsillectomy | | | | Infor- mation not recorded |
|---|---|---------------|-------|-------|-------|-------------------------------------|
| | | Yes | No | Total | % Yes | |
| Entrants ... | 3,340 | 277 | 2,723 | 3,000 | 9.2 | 340 |
| Second Age Group (10 years) ... | 2,831 | 599 | 1,694 | 2,293 | 26.1 | 538 |
| Third Age Group (Last year at school) ... | 2,161 | 472 | 1,344 | 1,816 | 25.9 | 345 |
| Additional Periodics ... | 1,075 | 207 | 793 | 1,000 | 20.7 | 75 |

MINOR AILMENT CLINICS

There has been a decrease in the number of children attending the Authority’s five minor ailment clinics—433 as compared with 1,218 last year. Details of the conditions treated at these clinics are shown in Table X.

NUTRITION

To comply with the Ministry of Education requirements, the nutritional standards of school children are now returned as “ satisfactory ” and “ unsatisfactory ” instead of “ good ”, “ fair ” and “ poor ”.

The standards of children examined in the routine age groups were : Satisfactory, 98.9% and Unsatisfactory 1.1%.

The percentage of “ poor nutrition ” recorded last year (when the categories were “ good ”, “ fair ” and “ poor ”) was 2.64%. It is indeed gratifying to be able to record that in the opinion of the medical staff the proportion of children considered to be of unsatisfactory nutritional status was as low as 1.1%. As stated in the introductory letter, the general condition of the children in the County shows improvement from year to year.

VERMINOUS CONDITIONS

A new procedure was adopted : in brief, schools in which over the previous two years an unbroken record of all pupils being found free from nits and vermin are visited only at the beginning of term to examine new entrants. In other schools the previous system of visits at the beginning of term to examine all pupils and of monthly follow-up visits is retained. Some head teachers prefer the previous procedure on account of the prophylactic effect of the health visitors' examinations of all pupils every term. When, however, it has been explained that if only one child is found with nits the school immediately reverts to the previous arrangement, the teachers have been satisfied. On this subject of cleanliness inspections one has to bear in mind the need for equating the time spent by health visitors on the work with the results obtained. On the one hand it might be arranged that health visitors inspect every pupil in every school every month, irrespective of the previous records, to ensure that if any child becomes infested he would be immediately detected and prompt action taken. This, however, would involve an expenditure of man hours out of proportion to what is reasonably required. On the other hand, a system such as has now been introduced represents a practicable compromise.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

The inspectors of the Society have continued to do good work amongst school children, and have reported that a total of 179 cases were investigated.

REPORT OF CHIEF DENTAL OFFICER

There were several staff changes during 1956. I took up my duties on March 1st. Mr. J. P. Finnan retired from full-time duty in August and I would like to take this opportunity of thanking him for his long and devoted service in Kettering. He is very kindly continuing to help us on a sessional basis and this is proving invaluable since we have not yet been able to recruit any more full-time staff.

The Committee having fixed a sessional fee of £3 3s. 0d., an invitation was sent to all dental surgeons in the county to work in our service on a sessional basis. Miss G. M. Rodgers who lives in Wicken and was our first applicant has been coming in one morning a week since the 8th October : she is hoping to do more sessions next year. In addition, three other dental surgeons have undertaken to do part-time duty in 1957 which will bring the total number of sessions to eleven—i.e., the equivalent of one full-time dental officer, and so this policy appears to have been successful.

Two further ways of making the best use of the dental officers on the staff may be mentioned. The employment of doctors as anæsthetists on a sessional basis releases dental surgeons to carry out more conservative work, and this year in July, Dr. D. W. Robertson, a general practitioner in Northampton, commenced helping us on Wednesday afternoons at the Guildhall Road Clinic. More recently, Dr. M. Smail, School Medical Officer, has also been assisting with anæsthetics at Kettering.

The Committee had approved that Dental Officers might do evening sessions and Mr. Corfe commenced one a week at Wellingborough in April. Subsequently he started a further one in December and these have proved satisfactory. They are particularly useful for nursing and expectant mothers who may find other times inconvenient. Grammar and Technical school children also prefer them as they do not miss important school work this way.

The figures for 1956 do not differ markedly from those of the previous year. Although slightly less children were inspected, 24,200 (25,752 in 1955), more fillings 9,605 (8,912) and less extractions 14,459 (14,808) were performed. This is, of course, a desirable

tendency although even so it means only 67 teeth were filled for every 100 extracted, which is obviously still most unsatisfactory.

This year the newly constituted General Dental Council, in accordance with the Dentists Act, 1956, has set up a Sub-Committee to consider the desirability of training dental ancillary workers, who would be permitted to carry out fillings and extractions in the Public Dental Service. On the whole, I think the solution to the shortage of staff in the dental service does not lie here, since much of the dental officers' time would have to be spent supervising these ancillaries and also there would probably be a considerable number of resignations due to marriage.

The brighter prospects seem to be in prevention and two possibilities are at present being explored in the County.

A limited pilot study is being made of the effect of a campaign for oral hygiene among school children. Two schools have been chosen and the pupils given talks on dental health : the parents of the children involved have been sent letters about it and the children themselves given pamphlets. Further talks will be given and letters sent as reminders and after a period of one year the children will be re-inspected and both the cleanliness of their teeth and the amount of decay noted. They will be compared with two control schools in which the pupils have not been given any special instructions. This experiment may show us the best ways to get over the message of good oral hygiene to children, the value of it with respect to the reduction of dental decay, and indicate how best to expand it throughout the County.

As mentioned in the last report, schemes for fluoridation of the water supplies in certain areas of Great Britain are continuing, but the result of these will not be apparent for several years, since it is necessary to see the effect on the permanent teeth of children born in the areas after fluoride has been added to the water. In view of this the County Medical Officer of Health and I are considering the possibility of giving fluoride daily in tablet form. It is important to realize that fluoride is a normal constituent of water supplies (and food) and that when the concentration is about one part per million, dental decay is much less than in areas which have a lower concentration. The water supplies in Northamptonshire contain mostly about 0.3 parts per million and thus are deficient.

Fluoridation schemes in America for increasing the concentration

in the water supplies to one part per million of fluoride have been in existence for ten years now and the results uniformly agree that reduction of decay (50-60%) is similar to that occurring in areas where fluoride occurs naturally in the water at the same concentration. Also, no adverse effects of any type (i.e., medical or dental) have been discovered, apart from a slight white flecking of the enamel of the teeth in certain children and this is only detectable by an expert.

There is no doubt that adding fluoride to the water supply is the cheapest and most beneficial method of administration. However, in view of the considerable time before results will be available from the Ministry's schemes and thus before fluoridation of the County's water supply could be introduced, it seems desirable to explore alternative methods such as those already suggested. Tablets are being given in certain areas of Switzerland to school children and there are indications that the results are favourable although it is too early to make a definite pronouncement on this.

Orthodontics is an expanding service and this year 215 appliances were made to assist in correcting irregularities of children's teeth. This combined with 51 partial dentures for children and 55 for mothers, is 321 "plates" and a further increase is expected next year. In the Ministry of Health Circular 11/55 it is stated that :

"If over 400 dentures or orthodontic appliances are required annually, it may be advisable to consider setting up a dental laboratory and employing a dental technician."

This matter will have to be considered next year.

It will be noted in the Table of dental inspection and treatment that certain new returns are now required by the Ministry for orthodontic work and a new orthodontic card has been designed for ease of recording these in the County.

Recently a Consultant Orthodontist, Mr. J. W. Softley, F.D.S., was appointed by the Oxford Regional Hospital Board and he visits Northampton every fortnight. His advice on planning and carrying out treatment has already proved most helpful in some difficult cases. Mr. W. S. Matheson, F.D.S., the Consultant Dental Surgeon at Northampton General Hospital, has also kindly seen some of our children from time to time, when specialist or hospital treatment has been necessary. I would like to offer my thanks to both Consultants for their help during the year.

D. H. GOOSE.

SPEECH THERAPY

There was a certain amount of re-organization in the speech therapy clinics in 1956. This was necessitated by the fact that the County continued to be without a second therapist until April, when Mrs. G. Wilson was appointed to work in the southern half of the County.

In January, it was decided that Miss Mathias should distribute her time over all the County as no speech therapy clinics had been held in the southern area since the previous July. Consequently, five clinics in the northern area were closed and six clinics in the southern area were re-opened.

From January to April, sessions were held in nine towns. Three sessions a week were held in Kettering ; two sessions in Wellingborough ; two sessions in Corby ; one session in Northampton and one session in Rushden and Irthlingborough. Fortnightly visits were made to Avondale Primary School in Kettering ; to the Abbey Primary School in Daventry ; to Silverstone County Primary School and to Brackley Primary School. A fortnightly session was held in Wellingborough in addition to the two sessions held there every week. This re-organization meant that many of the children attending clinics at the beginning of the year in the northern area had to be deferred but many children in the southern area who had had no treatment for six months were able to be re-admitted to speech clinics. A survey was made of all the children whose names were already on the registers in both areas with the purpose of selecting children for treatment. The selection was based mainly on two factors. The first group of children to be admitted were those who, it was felt, were particularly handicapped by their speech defect and whose general progress was being retarded by it. The second group were those whose potentialities seemed to indicate a good response to therapy.

On April 1st, Mrs. Wilson took up her duties as Speech Therapist for the southern half of the County and it was therefore possible to re-open several of the clinics. She was able to hold a session in Wellingborough in addition to those held by Miss Mathias, and held two sessions in Rushden and one in Irthlingborough every week. She also made weekly visits to Daventry and Brackley instead of

holding fortnightly clinics in these towns. The clinics to be re-opened were those at Blisworth, Towcester, Woodford Halse and Byfield, and this arrangement continued until the end of July when Mrs. Wilson resigned. The southern area was therefore again without a speech therapist until October 22nd, when Miss M. Gossling was appointed and re-opened the clinics in that area.

The clinics continued to be well attended and co-operation from most schools was very good. The school can be a great help in the child's rehabilitation and many teachers offer to help the child with newly learned speech habits by correcting him in his reading and in general class work. It is therefore, important that there should be good liaison between schools and therapists. This can be effected fairly easily when the therapist visits a school regularly to hold a clinic, but it is more difficult when this is not the case and when schools are not easily accessible. Time does not permit the therapists to visit many schools personally to ascertain if there are children in the schools requiring speech therapy and not receiving it. There are still one or two comparatively large schools from which very few children have been referred for therapy and it would seem that there is a likelihood of some children with speech defects being overlooked. This situation, however, is improving, and more schools are referring children for treatment.

Co-operation from parents has been, in the main, encouraging, and the therapists have found that many parents are willing to help their children to practise at home the work learned at the clinic. The need of this cannot be too highly stressed, as the child who carries out his speech work regularly at home makes much greater progress than the child whose exercises are restricted to the weekly visit to the clinic. The psychological aspect is also important. The child who progresses steadily feels a sense of achievement and satisfaction and shows an interest in the new work attempted each week. The child who, due to lack of home practice, progresses very slowly must in time feel a sense of failure. He may consequently lose interest in the work carried out in the clinic as so much of it must be repetitive.

Great help has been received from the health visitors who, in addition to referring pre-school children to the therapists for treatment or advice, have always been willing to help in dealing with a complex home situation. The information supplied by the health

visitors has, in many cases, helped the therapist to gain insight into a previously difficult problem.

Home visits by the therapists themselves have been found to be extremely beneficial, but these have to be restricted because of lack of time.

In several cases the service has availed itself of the Hospital Car Scheme. Children living in inaccessible districts, together with those whose condition prevents them from using public transport, have been conveyed to their nearest clinic by one of the cars.

In most districts conditions for work have been good, but in some cases the rooms allocated to the therapists for their use have not been conducive to progressive therapy. In one town the clinic is held in the kitchen of a church hall. There is no heating and chairs have to be fetched by the therapist from an adjoining classroom. There are frequent interruptions by children of the class using this room and considerable time is wasted as the therapist has to fetch her patients from their classrooms in the school on the other side of the road. The road is not a busy one, but it is felt that the younger children should not cross it alone. It is hoped a more congenial arrangement will be made in the near future.

It can be seen from the following statistics that there are a considerable number of children awaiting treatment in the speech clinics. Every effort is being made to reduce the list of names on the waiting list. Endeavours will be made to interview the parents and the children very soon, to offer advice where immediate treatment cannot be arranged.

Total number of attendances :

Northern Area

Miss Mathias 3,484

Southern Area

January-April, Miss Mathias 302

April-July, Mrs. Wilson 1,011

October-December, Miss Gossling..... 465

Number of new patients 190

Number of patients discharged..... 159

Number of patients left district 14

Number of patients refused treatment 3

Number of patients failed to attend interview 1

Number of patients under treatment on December 31st 228

Number of patients deferred..... 102

Number of patients awaiting treatment 80

Number of patients on register on December 31st..... 411

Comprising :

(1) Defective articulation 299

(2) Cleft palate 7

(3) Cerebral palsy 9

(4) Stammering 90

(5) Voice disorders 6

Number of patients on waiting list 60

Number of patients treated during the year 572

CHILD GUIDANCE SERVICE

In spite of staff changes, there has been no radical alteration in the type of work done or in the general approach to the clinical problems met with, so that continuity in the Child Guidance Service has been maintained as far as possible.

Dr. Paul H. Rogers began work as Consultant in Child Psychiatry from January 1st. Dr. J. D. Orme, locum psychiatrist for two years, left at the end of September to become a Consultant in Child Psychiatry to the Sheffield Regional Hospital Board, and Dr. N. V. Wilkinson joined the clinic staff in his place. Miss Bitchenor, the Psychiatric Social Worker, also left at the end of September to take up a post as welfare worker to the blind in Suffolk. Her departure has greatly increased the work of the other members of the team and in the absence of her personal contact with families soon after referral, assessment of priority on a six to nine months' waiting list cannot be satisfactorily effected. So far, no qualified person has applied for the post.

Six psychiatric sessions weekly have been given to Child Guidance. Four of these are spent in Northampton and the other two alternately in Kettering and Wellingborough.

A full table of the County figures for 1956 is appended to this report and shows little change from the previous year. It will be noted, however, that there is no longer a treatment waiting list, that rather more children are under treatment, though the number waiting to be seen has also increased. More referrals are coming in from family doctors, but with the closing of the Remand Home in Northampton at the end of March the number of cases seen for the Courts has greatly decreased.

The figures for the School Psychological Service show an increase both in cases referred to and in cases seen by the Educational Psychologist. There has been a very large increase in referrals from head teachers seeking advice on backward children and other educational problems.

Neither hostel for maladjusted children has been fully staffed throughout the year and it is for this reason that "Holyrood" has not always been filled. A second "Open Day" was held at "Holyrood" on December 13th, when a number of people who

had not visited the hostel before had an opportunity to learn something about the work done there. The hostel has been visited weekly by the Child-Guidance team.

The report for 1955 referred to the possibility of running a parents' discussion group. During 1956, this scheme materialized and ran successfully for six months under Dr. Orme's direction until he left.

CHILD GUIDANCE CLINIC

| A (i) | Boys | Girls | Total |
|--|------|-------|-------|
| No. of cases referred during year | 79 | 35 | 114 |
| No. of cases waiting to be seen on Jan. 1st, 1956 | 19 | 11 | 30 |
| No. of cases seen by Psychologist and Psychiatrist ... | 38 | 17 | 55 |
| No. of cases seen by Psychiatrist only | 17 | 9 | 26 |
| (including cases referred by Psychologist) . | | | |
| No. of cases not seen | 16 | 6 | 22 |
| No. of cases waiting to be seen on Dec. 31st, 1956..... | 27 | 14 | 41 |
| Cases under psychotherapeutical treatment on Jan. 1st, 1956 | 38 | 21 | 59 |
| New cases taken on for psychotherapeutical treatment during year | 31 | 6 | 37 |
| No. under psychotherapeutical treatment on Dec. 31st, 1956 | 47 | 18 | 65 |
| Psychotherapeutical cases discharged during year | 22 | 9 | 31 |
| Cases awaiting psychotherapeutical treatment on Dec. 31st, 1956 | — | — | — |
| REFERRED BY : | | | |
| Parents | 7 | 5 | 12 |
| Head Teachers | 12 | 2 | 14 |
| School Medical Officers | 12 | 8 | 20 |
| Chief Education Officers | 2 | — | 2 |
| Family Doctors..... | 15 | 5 | 20 |
| Hospital Consultants | 8 | 7 | 15 |
| Health Visitors | 1 | 1 | 2 |
| Children's Officers | 7 | 2 | 9 |
| Magistrates and Probation Officers | 10 | 1 | 11 |
| Others..... | 5 | 4 | 9 |
| REFERRED FOR : | | | |
| Nervous Disorders | 9 | 7 | 16 |
| Habit Disorders | 12 | 6 | 18 |
| Behaviour Disorders | 54 | 21 | 75 |
| Organic Disorders | 3 | 1 | 4 |
| Psychotic Disorders | 1 | — | 1 |

(ii)

| | |
|--|---|
| No. of children discharged from Holyrood Hostel during year..... | 5 |
| No. of children admitted to Holyrood Hostel | 9 |
| No. of children removed by parents | 1 |
| No. of children discharged from Rostrevor Hostel during year | 3 |
| No. of children admitted to Rostrevor Hostel..... | 4 |
| No. of children removed by parents | — |
| No. of children in Residential Schools for Maladjusted Children..... | 4 |

SCHOOL PSYCHOLOGICAL SERVICE

| B | <i>Boys</i> | <i>Girls</i> | <i>Total</i> |
|---|-------------|--------------|--------------|
| No. of cases referred during year | 116 | 60 | 176 |
| No. of cases seen by Psychologist | 116 | 53 | 169 |
| No. of cases waiting to be seen by Psychologist on Dec. 31st, 1956 | 15 | 14 | 29 |
| No. of cases referred to Psychiatrist | 5 | 3 | 8 |
| No. of cases not seen | 1 | — | 1 |
| REFERRED BY : | | | |
| Parents | 3 | — | 3 |
| Head Teachers | 90 | 50 | 140 |
| School Medical Officers | 6 | 5 | 11 |
| Chief Education Officers | 3 | — | 3 |
| Family Doctors | 1 | — | 1 |
| Hospital Consultants | 2 | 3 | 5 |
| Children's Officers | — | — | — |
| Others..... | 11 | 2 | 13 |
| REFERRED FOR : | | | |
| Backwardness at school (including suspected Educational Sub-normality) | 56 | 26 | 82 |
| Other Educational Problems | 44 | 26 | 70 |
| Secondary School Selection..... | — | — | — |
| Consideration for " Experimental " Classes | 16 | 8 | 24 |
| Consideration for " Remedial Teaching " | — | — | — |
| Group Tests | — | — | — |

SCHOOL MILK SUPPLIES

Report of County Public Health Inspector

All the 292 maintained schools are provided with liquid milk, bottled.

A number of changes in suppliers took place but all new supplies were investigated before approval. The result, as shown below, is an increase in the number of schools supplied with pasteurised milk.

Milk is delivered to one school in pint bottles, but at all the remaining schools—291 out of 292—milk is supplied in individual one third pint bottles with drinking straws.

Details of school milk supplies as at December 31st, 1956, are set out in the following table :

| | <i>Pasteurised</i> | <i>Tuberculin Tested</i> | <i>Non- Designated</i> | <i>No. of Schools</i> |
|-------------------------------------|--------------------|------------------------------|----------------------------|---------------------------|
| Primary Schools | 236 | 10 | 2 | 248 |
| Secondary Modern ... | 25 | — | — | 25 |
| Secondary Technical | 4 | — | — | 4 |
| Secondary Grammar and High | 9 | — | — | 9 |
| Special | 4 | — | — | 4 |
| Nursery | 2 | — | — | 2 |
| Totals | 280 | 10 | 2 | 292 |
| | (274) | (19) | (2) | (295) |

(Figures in brackets are the corresponding totals for previous year.)

The two schools receiving non-designated milk are situated in villages where a designated supply is not available. In each case the supplier is a local producer-retailer, and the milk is from attested herds.

There are now 43 suppliers of pasteurised milk, 7 suppliers of

tuberculin tested milk, of whom all but one are producer-retailers, and two suppliers of non-designated milk, both producer-retailers.

Non-maintained schools. As from September 1st, 1956, the County Council as the Education Authority became responsible for the provision of milk for pupils attending these schools.

At the end of the year suppliers had been approved to all 33 of the schools. In all but two instances the suppliers also supply other schools in the County.

Summary

| | |
|--|-------|
| Number of non-maintained schools supplied with pasteurised milk | 28 |
| Number of non-maintained schools supplied with tuberculin tested milk | 5 |
| | <hr/> |
| | 33 |
| | <hr/> |

Each of the suppliers of tuberculin tested milk are producer-retailers.

Sampling. A system of selective sampling by the County Public Health Inspector of milk supplied to schools was continued, samples being taken from suppliers rather than from individual schools. All samples were submitted to the Methylene Blue test for keeping quality. In addition, samples of pasteurised milk were submitted to the Phosphatase test to ensure that pasteurisation had been efficient, while raw milk samples were examined biologically for the presence of tubercle bacillus. Particular attention was paid to non-designated milk supplies : the milk supplies at the two schools were sampled once a term.

Thirty-six milk supplies to schools were sampled during the year and the results were :

| | <i>Passed</i> | <i>Failed</i> | <i>Invalid or Not Tested</i> | <i>Total</i> |
|--|---------------|---------------|--------------------------------------|--------------|
| (a) Pasteurised | | | | |
| Methylene Blue Test | 18 | 1 | — | 19 |
| Phosphatase Test | 19 | — | — | 19 |
| (b) Tuberculin Tested | | | | |
| Methylene Blue Test | 10 | — | — | 10 |
| Biological examination for tubercle bacilli | 9 | — | 1 | 10 |
| (c) Non-designated | | | | |
| Methylene Blue Test | 7 | — | — | 7 |
| Biological examination for tubercle bacilli | 7 | — | — | 7 |

Appropriate action was taken in the case of adverse reports.

The above samples were also examined for butter fat and non-fatty solids in the Health Department Laboratory. One sample was below the statutory milk fat content, but all samples were found to be satisfactory as regards solids-not-fat. The results of these tests were notified to the Chief Inspector, Food and Drugs, for further action where necessary, and also to avoid duplication of sampling by the officers of the two departments.

In summary, the milk supplies to schools in the County are satisfactory. All receive milk which is either pasteurised, tuberculin tested or (in two schools) from attested herds, so that the risk of tuberculosis from drinking school milk is eliminated.

SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures relating to the school milk and meals services :

School Meals Service

| | <i>October, 1955</i> | <i>October, 1956</i> |
|---|----------------------|----------------------|
| Number of Canteens and Dining Centres | 180 | 181 |
| Numbers of Primary and Secondary school children taking midday meal daily | 13,323 | 13,748 |
| Percentage of Primary and Secondary school children present in school taking meal | 33.50% | 33.14% |

Milk in Schools Scheme

Percentage of children taking milk :

| | | |
|-------------------------------------|--------|--------|
| Primary and Secondary schools | 81.93% | 80.43% |
| Nursery schools | 100% | 100% |

TABLE I

**Medical Inspection of Pupils attending Maintained Primary and
Secondary Schools (including Special Schools)**

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :

| | |
|---|------|
| Entrants | 3340 |
| Second Age Group (10 years of age) | 2831 |
| Third Age Group (last year at school) | 2161 |

| | |
|-------------|------|
| Total | 8332 |
|-------------|------|

| | |
|---------------------------------------|------|
| Additional Periodic Inspections | 1075 |
|---------------------------------------|------|

| | |
|-------------------|------|
| Grand Total | 9407 |
|-------------------|------|

B.—OTHER INSPECTIONS

| | |
|-------------------------------------|------|
| Number of Special Inspections | 3788 |
| Number of Re-inspections | 50 |

| | |
|-------------|------|
| Total | 3838 |
|-------------|------|

TABLE II

**Return of Defects found by Medical Inspection
in the year ended 31st December, 1956**

A—PERIODIC INSPECTIONS

| Defect Code No. | Defect or Disease | Periodic Inspections | | | | Total (inc. all other age groups inspected) | |
|-----------------------|----------------------|---|---|---|---|---|---|
| | | Entrants | | Leavers | | Requir- ing Treat- ment (7) | Requir- ing Observa- tion (8) |
| | | Requir- ing Treat- ment (3) | Requir- ing Observa- tion (4) | Requir- ing Treat- ment (5) | Requir- ing Observa- tion (6) | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 4 | Skin | 10 | 30 | 8 | 8 | 27 | 71 |
| 5 | Eyes—(a) Vision ... | 116 | 217 | 110 | 38 | 446 | 474 |
| | (b) Squint ... | 17 | 51 | — | 2 | 26 | 76 |
| | (c) Other ... | 1 | 8 | — | 5 | 3 | 31 |
| 6 | Ears—(a) Hearing ... | 9 | 21 | 1 | 2 | 18 | 38 |
| | (b) Otitis Media ... | 3 | 102 | — | 5 | 4 | 156 |
| | (c) Other ... | 3 | 9 | — | 3 | 5 | 22 |
| 7 | Nose and Throat ... | 68 | 596 | 16 | 28 | 118 | 841 |
| 8 | Speech | 27 | 37 | 2 | 4 | 35 | 61 |
| 9 | Lymphatic Glands ... | 2 | 260 | 1 | 13 | 6 | 331 |
| 10 | Heart | 2 | 28 | 9 | 8 | 13 | 75 |
| 11 | Lungs | 14 | 128 | 2 | 5 | 20 | 205 |
| 12 | Developmental— | | | | | | |
| | (a) Hernia | 1 | 2 | — | — | 5 | 4 |
| | (b) Other | — | 74 | — | 1 | 3 | 129 |
| 13 | Orthopædic— | | | | | | |
| | (a) Posture | 8 | 71 | 7 | 7 | 25 | 149 |
| | (b) Feet | 48 | 88 | 5 | 29 | 90 | 183 |
| | (c) Other | 39 | 170 | 19 | 19 | 84 | 298 |
| 14 | Nervous system— | | | | | | |
| | (a) Epilepsy | 1 | 5 | 1 | 1 | 2 | 18 |
| | (b) Other | 2 | 10 | 1 | 2 | 4 | 40 |
| 15 | Psychological— | | | | | | |
| | (a) Development ... | 4 | 51 | — | 3 | 12 | 83 |
| | (b) Stability | — | 16 | — | 1 | — | 29 |
| 16 | Abdomen | — | — | — | — | — | — |
| 17 | Other | 3 | 62 | 2 | 8 | 11 | 146 |

TABLE III
B—SPECIAL INSPECTIONS

| <i>Defect Code No.</i> | <i>Defect or Disease</i> | <i>Special Inspections</i> | |
|--------------------------------|--------------------------|--------------------------------|----------------------------------|
| | | <i>Requiring Treatment</i> | <i>Requiring Observation</i> |
| 4 | Skin | 6 | 29 |
| 5 | Eyes—(a) Vision | 205 | 516 |
| | (b) Squint | 13 | 50 |
| | (c) Other | 6 | 23 |
| 6 | Ears—(a) Hearing | 8 | 22 |
| | (b) Otitis Media | 4 | 26 |
| | (c) Other | 1 | 22 |
| 7 | Nose and Throat | 108 | 445 |
| 8 | Speech | 18 | 48 |
| 9 | Lymphatic Glands | 6 | 134 |
| 10 | Heart | 4 | 41 |
| 11 | Lungs | 4 | 73 |
| 12 | Developmental— | | |
| | (a) Hernia | 1 | 4 |
| | (b) Other | 2 | 50 |
| 13 | Orthopædic— | | |
| | (a) Posture | 6 | 70 |
| | (b) Feet | 14 | 87 |
| | (c) Other | 25 | 150 |
| 14 | Nervous system— | | |
| | (a) Epilepsy | 1 | 10 |
| | (b) Other | 1 | 29 |
| 15 | Psychological— | | |
| | (a) Development | 27 | 56 |
| | (b) Stability | 1 | 17 |
| 16 | Abdomen | 1 | — |
| 17 | Other | 6 | 98 |

TABLE IV
Pupils found to require treatment
(Excluding dental diseases and infestation with vermin)

| Group (1) | For defective vision (excluding squint) (2) | For any of the other conditions recorded in Tables II & III (3) | Total individual pupils (4) |
|---------------------------------------|---|---|--------------------------------------|
| Entrants | 116 | 247 | 354 |
| Second Age Group | 169 | 110 | 272 |
| Third Age Group..... | 110 | 61 | 164 |
| Total (prescribed groups) ... | 395 | 418 | 790 |
| Additional Periodic Inspections | 51 | 33 | 84 |
| Grand Total | 446 | 451 | 874 |

TABLE V HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR
BOARDING IN BOARDING HOMES

| | (1) Blind (2) Partially sighted | | (3) Deaf (4) Partially deaf | | (5) Delicate (6) Physically Handicapped | | (7) Educationally sub-normal (8) Maladjusted | | (9) Epileptic | TOTAL 1-9 |
|--|---------------------------------------|-----|-----------------------------------|-----|---|-----|--|-----|---------------|--------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | |
| In the calendar year ended 31st Dec., 1956 : | | | | | | | | | | |
| A. Handicapped Pupils <i>newly</i> <i>placed</i> in Special Schools or Boarding Homes ... | — | 4 | 2 | — | 8 | 11 | 23 | 14 | 1 | 63 |
| B. Handicapped Pupils <i>newly</i> <i>ascertained</i> as needing spe- cial educational treatment at Special Schools or in Boarding Homes ... | — | 2 | 3 | 1 | 9 | 8 | 56 | 13 | — | 92 |
| On 31st Dec., 1956 : | | | | | | | | | | |
| C. Number of Handicapped Pupils | | | | | | | | | | |
| (i) on the registers of Special Schools as | | | | | | | | | | |
| (a) Day Pupils ... | — | 2 | — | — | 16 | 34 | 109 | — | — | 161 |
| (b) Boarding Pupils ... | 8 | 8 | 13 | 2 | 8 | 7 | 63 | 5 | 4 | 118 |
| (ii) on the registers of in- dependent schools un- der arrangements made by the Authority ... | — | — | — | — | — | — | 1 | 1 | — | 2 |
| (iii) boarded in Homes ... | — | — | — | — | 1 | 1 | — | 17 | — | 19 |
| Total C ... | 8 | 10 | 13 | 2 | 25 | 42 | 173 | 23 | 4 | 300 |

Handicapped Pupils requiring education at special schools or boarding homes (continued)—

| | (1) Blind (2) Partially sighted | (3) Deaf (4) Partially deaf | (5) Delicate (6) Physically Handicapped | (7) Educationally sub-normal (8) Maladjusted | (9) Epileptic | TOTAL 1-9 |
|---|---------------------------------------|-----------------------------------|---|--|---------------|--------------|
| D. Number of Handicapped Pupils being educated under arrangements made under Sec. 56 of the Education Act, 1944 : | (1) (2) | (3) (4) | (5) (6) | (7) (8) | (9) | |
| (i) in hospitals ... | — | — | — | — | — | — |
| (ii) in other groups ... | — | — | 6 | — | — | 6 |
| (iii) at home ... | — | — | — | — | — | 5 |
| E. Number of Handicapped Pupils requiring places in special schools : | | | | | | |
| Day ... | — | — | 1 | 67 | — | 68 |
| Boarding... ... | — | 3 | 3 | 112 | — | 128 |

TABLE VI

School Eye Clinics

| <i>Centre</i> | <i>No.</i> | | <i>No.</i> | <i>Total</i> | <i>No. on Clinic List at 31/12/56*</i> |
|--|-------------------------------------|------------------------------|------------|--------------|--|
| | <i>Clinic Sessions Held</i> | <i>No. Old Cases</i> | | | |
| Corby Nuffield Diagnostic Centre | 54 | 339 | 103 | 442 | 118 |
| Daventry County Modern School | 14 | 140 | 40 | 180 | 24 |
| Kettering Stockburn Memorial Home | 46 | 598 | 157 | 755 | 178 |
| Northampton Guildhall Road | 31 | 308 | 79 | 387 | 90 |
| Oundle County Modern School | 6 | 63 | 13 | 76 | 24 |
| Rushden Memorial Hospital | 38 | 292 | 107 | 399 | 208 |
| Thrapston Baptist Rooms | 9 | 103 | 26 | 129 | 21 |
| Towcester Grammar School | 7 | 75 | 18 | 93 | 13 |
| Wellingborough Oxford Street Clinic | 41 | 444 | 128 | 572 | 139 |
| Woodford Halse County Modern School | 3 | 35 | 3 | 38 | 14 |
| Banbury and Brackley | — | 57 | 8 | 65 | 9 |
| <hr/> | | | | | |
| | 249 | 2397 | 674 | 3071 | 829 |
| | (205) | (2006) | (754) | (2812) | (815) |

(The figures in brackets refer to 1955)

* The clinic list contains new cases and old cases who are kept under supervision and examined from time to time.

TABLE VII
Eye diseases, defective vision and squint

| | | | | | Number of cases dealt with. | |
|---|-----|-----|-----|-----|-----------------------------|-----------|
| | | | | | By the Authority. | Otherwise |
| External and other, excluding errors of refraction and squint | ... | ... | ... | — | | 3 |
| Errors of refraction (including squint) | ... | | | — | | 3136 |
| Total | ... | ... | | — | | 3139 |
| Number of pupils for whom spectacles were prescribed | ... | ... | ... | ... | | 1357 |

TABLE VIII
Orthopædic and postural defects

| | | | | | By the Authority. | Otherwise. |
|---|-----|-----|-----|-----|-------------------|------------|
| Number of pupils known to have been treated at clinics or out-patient departments | ... | ... | ... | ... | — | 1157 |

TABLE IX
Diseases and defects of ear, nose and throat

| | | | | | Number of cases dealt with. | |
|---|-----|-----|-----|---|-----------------------------|------------|
| | | | | | By the Authority. | Otherwise. |
| Received operative treatment | | | | | | |
| (a) for diseases of the ear | ... | ... | | — | | — |
| (b) for adenoids and chronic tonsillitis | ... | ... | ... | — | | 758 |
| (c) for other nose and throat conditions | ... | ... | ... | — | | — |
| Received other forms of treatment | ... | | | 6 | | 1 |
| Total | ... | ... | | 6 | | 759 |
| Total number of pupils in schools who are known to have been provided with hearing aids : | | | | | | |
| (a) in 1956 | ... | ... | ... | — | | 1 |
| (b) in previous years | ... | ... | | — | | 8 |

TABLE X
Minor Ailment Clinics

| Atten- dances | Ringworm | | Scabies | Impe- tigo | Other skin diseases | Eye Defects | Ear Defects | Miscel- laneous |
|------------------|----------|----------|----------|---------------|---------------------------|----------------|----------------|--------------------|
| | Scalp | Body | | | | | | |
| 433 (1218) | — (1) | — (1) | — (—) | 5 (21) | 19 (61) | 15 (37) | 6 (9) | 32 (103) |

The figures in brackets refer to 1955

TABLE XI
**Classification of the Physical Condition of Pupils inspected
in the Age Groups**

| <i>Age Groups Inspected</i> | <i>Number of Pupils Inspected</i> | <i>Satisfactory</i> | | <i>Unsatisfactory</i> | |
|---|---|---------------------|--------------------------|-----------------------|--------------------------|
| | | <i>No.</i> | <i>% of Col. (2)</i> | <i>No.</i> | <i>% of Col. (2)</i> |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Entrants | 3340 | 3320 | 99.4 | 20 | 0.6 |
| Second Age Group ... | 2831 | 2809 | 99.2 | 22 | 0.8 |
| Third Age Group... .. | 2161 | 2140 | 99.0 | 21 | 1.0 |
| Additional Periodic Inspections | 1075 | 1043 | 97.0 | 32 | 3.0 |
| Total | 9407 | 9312 | 98.9 | 95 | 1.1 |

TABLE XII

Infestation with Vermin

| | | |
|-------|---|--------|
| (i) | Total number of individual examinations of pupils in schools by the school nurses or other authorised persons | 97,057 |
| (ii) | Total number of individual pupils found to be infested | 481 |
| (iii) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | Nil |
| (iv) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | Nil |

TABLE XIII

Diseases of the skin

(Excluding uncleanliness, for which see Table XII)

| | | | | | | Number of cases treated or under treatment during the year by the Authority. |
|---------------------|-----------|-----|-----|-----|-----|--|
| Ringworm— | (i) Scalp | ... | ... | ... | ... | — |
| | (ii) Body | ... | ... | ... | ... | — |
| Scabies | ... | ... | ... | ... | ... | — |
| Impetigo | ... | ... | ... | ... | ... | 5 |
| Other skin diseases | ... | ... | ... | ... | ... | 19 |
| Total | | ... | ... | ... | ... | 24 |

TABLE XIV
Dental Inspection and Treatment

| | | | | | | | |
|------|---|-----|-----|-----|-----|-----|-------|
| (1) | Number of pupils inspected by the Authority's Dental Officers : | | | | | | |
| | (a) At Periodic Inspections | ... | ... | ... | ... | ... | 21366 |
| | (b) As Specials... | ... | ... | ... | ... | ... | 2834 |
| | Total (1) | ... | ... | ... | ... | ... | 24200 |
| (2) | Number found to require treatment | ... | ... | ... | ... | ... | 18119 |
| (3) | Number offered treatment | ... | ... | ... | ... | ... | 16282 |
| (4) | Number actually treated | ... | ... | ... | ... | ... | 9562 |
| (5) | Number of attendances made by pupils for treatment | ... | ... | ... | ... | ... | 19800 |
| (6) | Half days devoted to : Periodic Inspection | ... | ... | ... | ... | ... | 194 |
| | Treatment | ... | ... | ... | ... | ... | *2190 |
| | Total (6) | ... | ... | ... | ... | ... | 2384 |
| (7) | Fillings : Permanent Teeth | ... | ... | ... | ... | ... | 9049 |
| | Temporary Teeth | ... | ... | ... | ... | ... | 556 |
| | Total (7) | ... | ... | ... | ... | ... | 9605 |
| (8) | Number of teeth filled : Permanent Teeth | ... | ... | ... | ... | ... | 8156 |
| | Temporary Teeth | ... | ... | ... | ... | ... | 530 |
| | Total (8) | ... | ... | ... | ... | ... | 8686 |
| (9) | Extractions : Permanent Teeth | ... | ... | ... | ... | ... | 4322 |
| | Temporary Teeth | ... | ... | ... | ... | ... | 10137 |
| | Total (9) | ... | ... | ... | ... | ... | 14459 |
| (10) | Administration of general anæsthetics for extraction | ... | ... | ... | ... | ... | 5951 |
| (11) | Orthodontics : | | | | | | |
| | (a) Cases commenced during the year | ... | ... | ... | ... | ... | 213 |
| | (b) Cases carried forward from previous year | ... | ... | ... | ... | ... | 132 |
| | (c) Cases completed during the year | ... | ... | ... | ... | ... | 122 |
| | (d) Cases discontinued during the year | ... | ... | ... | ... | ... | 42 |
| | (e) Pupils treated with appliances | ... | ... | ... | ... | ... | 205 |
| | (f) Removable appliances fitted | ... | ... | ... | ... | ... | 215 |
| | (g) Fixed appliances fitted | ... | ... | ... | ... | ... | — |
| | (h) Total attendances | ... | ... | ... | ... | ... | 1595 |
| (12) | Number of pupils supplied with artificial dentures | ... | ... | ... | ... | ... | 51 |
| (13) | Other operations : Permanent Teeth | ... | ... | ... | ... | ... | 2982 |
| | Temporary Teeth | ... | ... | ... | ... | ... | 3885 |
| | Total (13) | ... | ... | ... | ... | ... | 6867 |

* Child Welfare and Ante-natal patients also treated at these sessions.

In addition, 290 sessions were devoted by Dental Officers to the administration of general anæsthetics.

CLINICS ATTENDED BY SCHOOL CHILDREN

DENTAL

Corby.

Samuel Lloyd Mod. School Clinic
Kettering.

Stockburn Memorial Home
Northampton. Guildhall Road
Rushden. 17 Griffith Street
Wellingborough. Oxford Street

REFRACTIONS

Corby Diagnostic Centre
Daventry. County Mod. School
Kettering.

Stockburn Memorial Home
Northampton. Guildhall Road
Oundle. County Mod. School
Rushden. Memorial Hospital
Thrapston. Baptist Rooms
Towcester. Grammar School
Wellingborough. Oxford Street
Woodford Halse.
County Mod. School

CHILD GUIDANCE

Kettering. School Lane Clinic
Kettering.

Stockburn Memorial Home
Northampton. Guildhall Road
Wellingborough. Oxford Street

EAR, NOSE AND THROAT

Corby. Diagnostic Centre
Kettering. General Hospital
Northampton. General Hospital
Rushden. Memorial Hospital

SPEECH THERAPY

Blisworth. County School
Brackley. Infants' School
Byfield. County School
Corby.

Samuel Lloyd Mod. School Clinic
Daventry. Abbey Infants' School
Irthlingborough.

County Infants' School
Kettering. Avondale School
Kettering. Kingsley Special School
Kettering.

Stockburn Memorial Home
Kettering. The Grange School
Loddington Hall Special School
Northampton. Guildhall Road
Rushden. 17 Griffith Street
Silverstone. County Primary School
Towcester. C.E. School
Wellingborough.

Croyland Road Infants' School
Wellingborough. Freeman's School
Wellingborough. Oxford Street
Woodford Halse. C.E. School

MINOR AILMENTS

Corby.

Samuel Lloyd Modern School Clinic
Kettering. Kingsley Special School
Kettering.

Stockburn Memorial Home
Wellingborough.

Croyland Road Infants' School
Wellingborough. Oxford Street

